



Roger W. Snyder
Director

COUNTY OF PRINCE WILLIAM

1 County Complex Court, Prince William, Virginia 22192-9201
(703) 335-6830 Metro 631-1703

PLANNING
OFFICE

FILE NO.: _____

SPECIAL USE PERMIT MINIMUM SUBMISSION REQUIREMENTS CHECKLIST

ALL INFORMATION MUST BE COMPLETED IN ITS ENTIRETY, OR AN EXPLANATION MUST BE PROVIDED IN THE COMMENT SPACES. OTHERWISE THE APPLICATION WILL NOT BE ACCEPTED FOR FURTHER PROCESSING. COPIES OF WAIVERS OF SUBMISSION REQUIREMENTS APPROVED BY THE DIRECTOR OF PLANNING MUST BE INCLUDED WITH THE APPLICATION PACKET.

TO BE COMPLETED BY THE APPLICANT

PROJECT NAME/PROPOSED USE: OTI HOPEWELL GAP MICROWAVE REPEATER SITE

Address: 1033 N. Fairfax St. Suite 404 Alex, VA Tax Map(s): 154-((1))-P/O Lot 1

Owner(s) Overseas Telecommunications Inc. Telephone No.: 703-739-2672

Applicant/Authorized Agent: Daniel A. Wallace Telephone No.: 703-739-2672

Engineer/Surveyor: Daniel A. Wallace Telephone No.: 703-739-2672

Attorney: Smith and Davenport Telephone No.: 703-368-8148

Signature of Person Completing Checklist: _____ Date: _____

TO BE COMPLETED BY PLANNING OFFICE PERSONNEL

Date Received: _____ Date Reviewed: _____

Reviewed By: _____ Date Accepted/Not Accepted: _____

Reason(s) For Not Accepting: _____

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CHECKLIST TO BE COMPLETED BY THE APPLICANT

AFTER THE APPLICATION PACKET AND CHECKLIST IS SUBMITTED TO THIS OFFICE, PLANNING OFFICE PERSONNEL WILL REVIEW THE MATERIALS TO VERIFY THAT ALL APPLICATION INFORMATION IS ACCURATE AND ALL MINIMUM SUBMISSION REQUIREMENTS HAVE BEEN MET.

YES NO N/A

1. ☐ ☐ ☐ A. FOUR (4) COPIES OF THE STANDARD APPLICATION FORM

YES NO N/A

☒ ☐ ☐

NAME OF OWNER(S) OR (DESIGNEE*)

☒ ☐ ☐

TITLE

☒ ☐ ☐

TELEPHONE NUMBER

☒ ☐ ☐

TAX MAP REFERENCE

☒ ☐ ☐

MAGISTERIAL DISTRICT

☐ ☐ ☐

PROPERTY ADDRESS

☐ ☐ ☐

ZONING ORDINANCE SECTION NUMBER

☒ ☐ ☐

PRESENT ZONING

☒ ☐ ☐

ACREAGE

☒ ☐ ☐

NAME, TELEPHONE NUMBER AND CURRENT ADDRESS OF ALL OWNERS OF THE PROPERTY, WITH A 10% OR MORE INTEREST

☒ ☐ ☐

FULL EXPLANATION OF THE PURPOSE OF THE APPLICATION

APPLICANT'S COMMENTS:

STAFF COMMENTS:

☐ ☐ ☐

B. POWER OF ATTORNEY FORM (IF APPLICABLE)

YES NO N/A

☐ ☐ ☐

NAME OF OWNER/AUTHORIZED AGENT

☐ ☐ ☐

NAME OF DESIGNEE/ATTORNEY-IN-FACT

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YES NO N/A☒ ☐ ☐**B. POWER OF ATTORNEY FORM* (Continued)**YES NO N/A☐ ☐ ☐

EFFECTIVE DATE

☐ ☐ ☐

SIGNED BY PRINCIPLE OR AUTHORIZED AGENT

☐ ☐ ☐

NAME OF COUNTY

☐ ☐ ☐

DATE OF SWORN STATEMENT

☐ ☐ ☐

SIGNATURE OF NOTARY

☐ ☐ ☐

NOTARY'S COMMISSION EXPIRATION DATE

APPLICANT'S COMMENTS:TO BE PROVIDED BY
SMITH AND DAVENPORTSTAFF COMMENTS:2. ☒ ☐ ☐**THREE (3) COPIES OF A NOTARIZED AFFIDAVIT STATING THAT NO MEMBER OF THE BOARD OF COUNTY SUPERVISORS OR PLANNING COMMISSION HAS AN INTEREST IN THE PROPOSAL**YES NO N/A☒ ☐ ☐

DATE

☒ ☐ ☐

NAME OF OWNER

☒ ☐ ☐

SIGNATURE OF NOTARY

☒ ☐ ☐

DATE

☒ ☐ ☐

NOTARY'S COMMISSION EXPIRATION DATE

APPLICANT'S COMMENTS:STAFF COMMENTS:

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YES NO N/A2. ☒ ☐ ☐

THREE (3) COPIES OF A NOTARIZED AFFIDAVIT STATING THAT NO MEMBER OF THE BOARD OF COUNTY SUPERVISORS OR PLANNING COMMISSION HAS AN INTEREST IN THE PROPOSAL (Continued)

APPLICANT'S COMMENTS:STAFF COMMENTS:3. ☐ ☐ ☐

A. THREE (3) COPIES OF THE LATEST DEED(S)

APPLICANT'S COMMENTS:STAFF COMMENTS:TO BE PROVIDED BY
SMITH AND DAVENPORT☐ ☐ ☐B. THREE (3) COPIES OF AN ACCURATE PLAT OF THE PROPERTY PREPARED BY A CERTIFIED LAND SURVEYOR OR LICENSED CIVIL ENGINEERYES NO N/A☐ ☐ ☐

BEARINGS AND DISTANCES FOR ALL PROPERTY LINES AND EXISTING AND PROPOSED ZONING DISTRICT LINES

☐ ☐ ☐

AREA OF LAND PROPOSED FOR CONSIDERATION, IN SQUARE FEET OR ACRES

☐ ☐ ☐

SCALE AND NORTH POINT

☐ ☐ ☐

NAMES OF BOUNDARY ROADS OR STREETS AND WIDTHS OF EXISTING RIGHTS-OF-WAY

☐ ☐ ☐

ALL EASEMENTS OR ENCUMBRANCES (IF APPLICABLE)

APPLICANT'S COMMENTS:STAFF COMMENTS:

PENDING SURVEYOR

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YES NO N/A4. ☐ ☐ ☐

THREE (3) COPIES OF THE WRITTEN BOUNDARY DESCRIPTION OF THE LAND WHICH IS THE SUBJECT OF THE APPLICATION, CONFORMING TO THE PLAT INFORMATION

APPLICANT'S COMMENTS:PENDING SURVEYORSTAFF COMMENTS:5. ☐ ☐ ☐NAMES, MAILING ADDRESSES, AND TAX MAP NUMBERS OF ALL PROPERTY OWNERS LOCATED WITHIN 200' OF THE SUBJECT PROPERTY, AS LISTED IN THE CURRENT REAL ESTATE TAX ASSESSMENT BOOKSAPPLICANT'S COMMENTS:TO BE PROVIDED BY
SMITH AND DAVENPORTSTAFF COMMENTS:6. ☒ ☐ ☐

TWENTY (20) COPIES OF WRITTEN TEXT DESCRIBING:

YES NO N/A☒ ☐ ☐

NATURE OF THE PROPOSED USE

☒ ☐ ☐

TRAFFIC IMPACTS BY MODE AND TIME OF DAY

☒ ☐ ☐

IMPACTS TO ADJACENT USES SUCH AS THOSE RELATIVE TO NOISE OR LIGHTING OR SIGHT

☒ ☐ ☐

DAYS OF THE WEEK AND HOURS OF OPERATION

☒ ☐ ☐

NUMBER OF EMPLOYEES, AND ESTIMATED NUMBER OF PATRONS PER DAY

☐ ☐ ☒

IMPACT MITIGATION

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WRITTEN TEXT DESCRIBING: (Continued)

YES NO N/A

☒ ☐ ☐

OTHER INFORMATION PERTINENT TO THE REVIEW OF THE PROPOSAL

APPLICANT'S COMMENTS:

SEE EXHIBIT 1

STAFF COMMENTS:7. ☒ ☐ ☐

TWENTY (20) COPIES OF A SCHEMATIC SITE PLAN, DRAWN TO AN APPROPRIATE SCALE. (THE DEGREE OF DETAIL, OR THE POSSIBILITY OF A WAIVER OF THIS REQUIREMENT IS LARGELY DEPENDENT ON THE PARTICULAR PROPOSAL). WAIVER APPROVALS MUST BE ATTACHED TO THIS CHECKLIST.

- A. ☒ ☐ ☐ TOTAL AREA OF THE PROPERTY IN SQUARE FEET OR ACRES
- ☒ ☐ ☐ PLAN DRAWN TO SCALE
- ☒ ☐ ☐ NORTH REFERENCE (ARROW)
- ☒ ☐ ☐ TAX MAP REFERENCE
- B. ☒ ☐ ☐ LOCATION AND DIMENSIONS OF ALL EXISTING ON-SITE
- ☐ ☐ ☒ BUILDINGS
- ☐ ☐ ☒ STRUCTURES
- ☐ ☐ ☒ TRAVEL WAYS
- ☐ ☐ ☒ PARKING SPACES
- ☐ ☐ ☒ EASEMENTS
- ☒ ☐ ☐ POINTS OF INGRESS AND EGRESS

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>	
C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOCATIONS AND DIMENSIONS OF ALL <u>PROPOSED</u> :
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUILDINGS
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRUCTURES
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TRAVEL WAYS
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARKING SPACES
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EASEMENTS
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POINTS OF INGRESS AND EGRESS
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DIMENSIONS OF ALL YARDS, BUILDING, PARKING SETBACKS
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FRONT
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIDE
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	REAR
E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDICATION OF HOW ADJACENT AND NEIGHBORING PROPERTIES WILL BE PROTECTED FROM ANY ADVERSE IMPACTS CAUSED BY THE PROPOSED USE:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATIONS AND DIMENSIONS OF PROPOSED SCREENING
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOCATIONS AND DIMENSIONS OF PROPOSED FENCING
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATIONS AND DIMENSIONS OF PROPOSED BUFFER AREAS
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATIONS AND DIMENSIONS OF PROPOSED UNDISTURB AREAS
F.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATION OF WELL(S)
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATION OF SEPTIC SYSTEM
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	INDICATION OF HOW PROPERTY WILL BE SERVED BY PUBLIC FACILITIES (SEWER AND WATER)

APPLICANT'S COMMENTS:

SEE EXHIBIT 2

STAFF COMMENTS:

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TWENTY (20) COPIES OF A SCHEMATIC SITE PLAN, DRAWN TO AN APPROPRIATE SCALE. (THE DEGREE OF DETAIL, OR THE POSSIBILITY OF A WAIVER OF THIS REQUIREMENT IS LARGELY DEPENDENT ON THE PARTICULAR PROPOSAL). WAIVER APPROVALS MUST BE ATTACHED TO THIS CHECKLIST.

(Continued)

APPLICANT'S COMMENTS:STAFF COMMENTS:

SEE EXHIBIT 2

8. ☐ ☐FEES IN ACCORDANCE WITH THE FEE SCHEDULE:

<u>YES</u>	<u>NO</u>	<u>N/A</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL USE PERMIT FEE(S)

SERVICE AUTHORITY REVIEW

OTHER

APPLICANT'S COMMENTS:STAFF COMMENTS:9. ☐ ☐ ☒CONCURRENT PROCESSING OF ZONING/SITE PLAN (IF APPLICABLE)☐ ☐ ☒

OWNER'S NAME (SIGNATURE)

☐ ☐ ☒

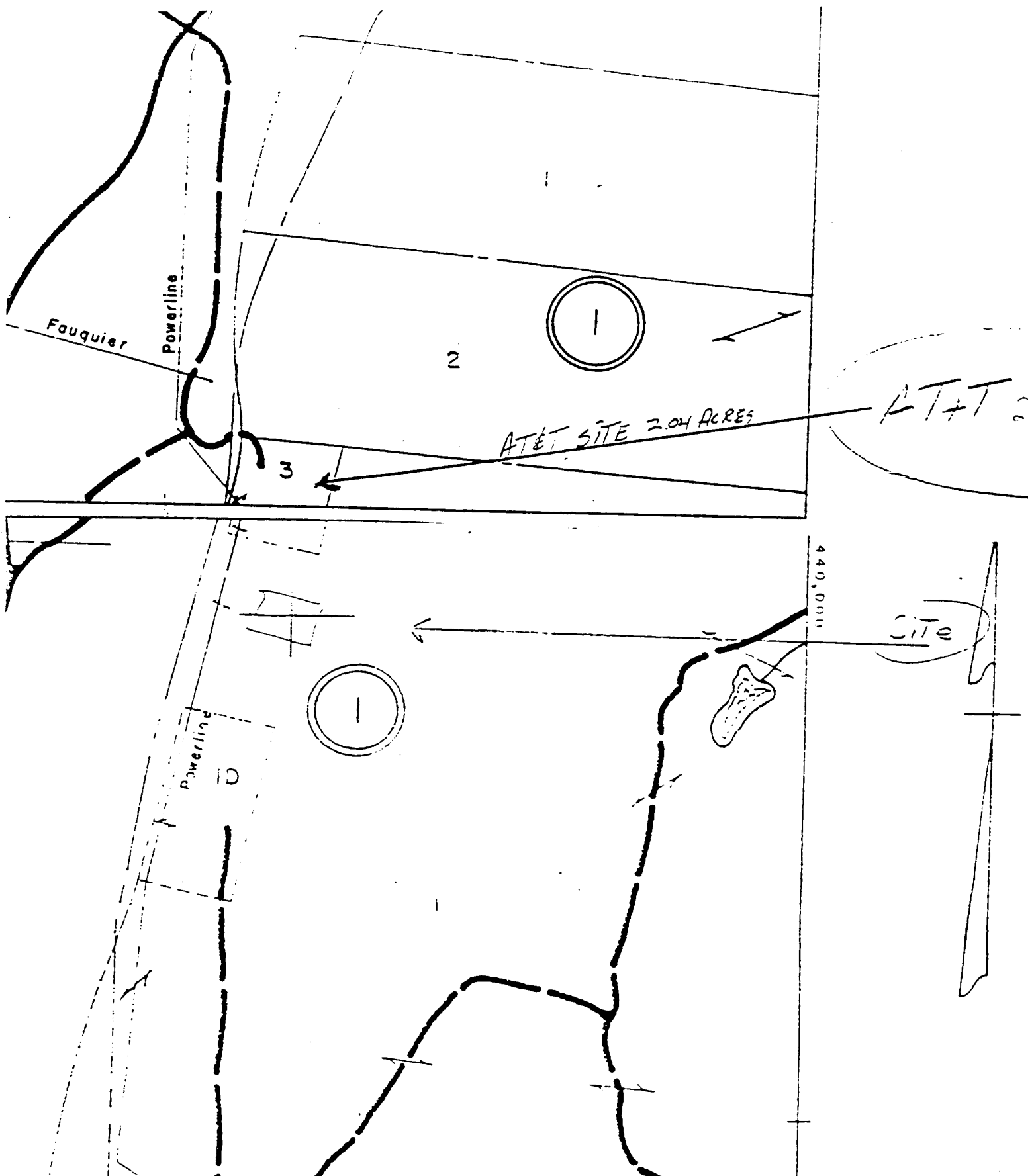
OWNER'S ADDRESS

APPLICANT'S COMMENTS:STAFF COMMENTS:

/E7

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DIVISION OF MINERAL RESOURCES

